

S. No. 2  
M-5-42  
v. 5-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CRUSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2192

FILED JAN 27 1945  
128

Registration District No.

Primary Registration District No. 5466

Registrar's No. 121

1. PLACE OF DEATH:

GREENE

(a) County  
(b) City or town Rural, S. Campbell Twp.  
(c) Name of hospital or institution: R.F.D. 7 Box 299  
(d) Length of stay: In hospital or institution. 1 MO., 12 DAYS.  
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Greene  
(c) City or town Rural Springfield - S. Campbell Twp.  
(d) Street No. R.F.D. #7 Box 299  
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME JENNETT DECKARD

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE  
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased Nov. 22, 1944

8. AGE: Years 0 Months 1 Days 12 If less than one day hr. min.

9. Birthplace Springfield Mo. 0

10. Usual occupation Infant at Home

11. Industry or business

12. Name Charley Deckard

13. Birthplace Douglas Co. Mo. 0

14. Maiden name Lavery Crossland

15. Birthplace Lavery Co. Mo. 0

16. (a) Informant Charley Deckard

(b) Address R.F.D. 7, Box 299, Spfld., Mo.

17. (a) Burial (b) Date thereof, Jan 5-1945

(c) Place: burial or cremation. Green Lawn Cem.

18. (a) Signature of funeral director. G.W. Kingner & Co.  
(b) Address Springfield, Mo.  
19. (a) 1-5-45 (b) J. O. to Mrs. Gaudley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 4 year 1945 hour 12 minute 15 P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1945, to Jan 4, 1945; that I last saw him alive on Jan 4, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Bronchial Pneumonia

Due to Bronchitis

Due to

Other conditions (Include pregnancy within 3 months of death) 10/1

Major findings: Of operations Bronchitis  
Of autopsy NO

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO  
(b) Date of occurrence  
(c) Where did injury occur?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. F. Kerr (M. D. or other) Address Springfield, Mo. Date signed Jan 4

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9  
0  
0

45

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*J B Klingner*

Licensed Embalmer No. *3358*

P. O. Address.....

*Springfield Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

*X*